

**2007 HSRS BIRTH TO THREE
MODULE DESKCARD
MODULE TYPE 0**

CLIENT CHARACTERISTICS (Field 8)

07 Blind / visually impaired
08 Hard of hearing
32 Deaf / blind
79 Deaf
09 Physical disability / mobility impaired
85 Severe health impairments
78 Communication delay
86 Severe emotional disturbance
19 Developmental disability - brain trauma
23 Developmental disability - cerebral palsy
25 Developmental disability – autism spectrum
26 Developmental disability - mental retardation
27 Developmental disability - epilepsy
28 Developmental disability - other or unknown

REFERRAL SOURCE (Field 10)

02 Parent or relative
04 Hospital or specialty clinic
05 School district
23 Tribal school or Head Start program
08 Physician
11 County social services agency
22 CAPTA referral
15 Public health agency
16 Head Start provider
17 Child care provider
18 Tribal health center or tribal CSHCN
19 CSHCN regional center
20 Other health care provider
21 Other county staff
99 Other

COUNTY OF RESIDENCE (Field 11)

01 Adams	25 Iowa	49 Portage
02 Ashland	26 Iron	50 Price
03 Barron	27 Jackson	51 Racine
04 Bayfield	28 Jefferson	52 Richland
05 Brown	29 Juneau	53 Rock
06 Buffalo	30 Kenosha	54 Rusk
07 Burnett	31 Kewaunee	55 St. Croix
08 Calumet	32 La Crosse	56 Sauk
09 Chippewa	33 Lafayette	57 Sawyer
10 Clark	34 Langlade	58 Shawano
11 Columbia	35 Lincoln	59 Sheboygan
12 Crawford	36 Manitowoc	60 Taylor
13 Dane	37 Marathon	61 Trempealeau
14 Dodge	38 Marinette	62 Vernon
15 Door	39 Marquette	63 Vilas
16 Douglas	40 Milwaukee	64 Walworth
17 Dunn	41 Monroe	65 Washburn
18 Eau Claire	42 Oconto	66 Washington
19 Florence	43 Oneida	67 Waukesha
20 Fond du Lac	44 Outagamie	68 Waupaca
21 Forest	45 Ozaukee	69 Waushara
22 Grant	46 Pepin	70 Winnebago
23 Green	47 Pierce	71 Wood
24 Green Lake	48 Polk	72 Menominee

LOCATION OF SERVICES (Field 12)

1 Home
2 Family child care
3 Child care center
4 Outpatient services
5 Early intervention center
6 Hospital
7 Residential
8 Other location
9 Other setting designed for typically developing children

CLOSING REASON (Field 15)

21 Turned 3, eligible for early childhood special education.
22 Turned 3, not eligible for early childhood special education, but the child was referred to other programs.
23 Turned 3, not eligible for early childhood special education, and the child was not referred to other programs.
24 Turned 3, special education eligibility process was not yet completed.
25 No longer in need of services. Successful completion of the IFSP.
26 Family chose to discontinue services
27 Moved within state
28 Moved out of state
29 Death of child
30 Attempts to contact the family were unsuccessful. Child under 3 and has an active IFSP. Include any other reasons for exiting prior to age 3.
31 Turned 3 but parents did not consent to LEA referral and/or LEA evaluation.
32 Turned 3, not referred for an evaluation as child was not believed to be potentially eligible for preschool special education services.

TRANSITION PLANNING CONFERENCE REASON (Field 16b)

A Family did not consent to a Transition Planning Conference.
B Family did not provide timely consent for a Transition Planning Conference.
C Child was referred to Birth to 3 after 2 years 9 months of age.
D Birth to 3 invited the LEA but they did not attend.
E Family was not available for the scheduled Transition Planning Conference (e.g., due to child or family illness, or family missed a scheduled appointment).
F Birth to 3 Program did not start Transition process in a timely manner.
G Birth to 3 was unable to schedule the Transition Planning Conference with the school district prior to the 90-day timeline.
H Child exited Birth to 3 before the Transition Planning Conference was required.

SERVICE (Field 17) (Defaults to SPC 706)

01 Assistive technology
02 Audiology
03 Communication services
04 Family education and counseling
05 Health services
06 Medical services
07 Nursing services
08 Nutrition services
09 Occupational therapy
10 Physical therapy
11 Psychological services
12 Social work
13 Special instruction
14 Transportation
15 Vision services
16 Other
17 Service coordination
18 Interpreter services
21 LEA notification
22 IFSP with transition
23 Transition meeting other
24 Referral to LEA
25 IFSP Review held, but no new services added

REASON CODE (Field 24)

A IFSP team determined that a particular service would appropriately begin on a date beyond the 30-day timeline.
B Family was not available to start the service within the 30-day timeline (e.g., child or family member illness, vacation).
C Staff not available (e.g., staffing issue, staff vacation).

SOS DESK (608) 266-9198

9:00 - 11:30 A.M. and 12:30 - 2:30 P.M.

or leave a voice mail message.

E-mail address: soshelp@dhfs.state.wi.us

Fax: (608) 267-2437

HSRS Handbook and Terminal Operator's Guide:

<http://www.dhfs.wisconsin.gov/HSRS/index.htm>

WI Department of Health and Family Services

Division of Enterprise Services

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